

The National Breast and Cervical Cancer Early Detection Program

AT-A-GLANCE

1997



“As we move into the 21st century, public health organizations, private agencies, and professional and voluntary organizations must form partnerships to support and enrich services to the public.”

*David Satcher, MD, PhD, Director
Centers for Disease Control and Prevention*



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Breast and Cervical Cancers

An estimated 2 million American women will be diagnosed with breast or cervical cancer in the 1990s, and half a million will lose their lives. A disproportionate number of deaths will be among minorities and women of low income.

Breast cancer is the most common nondermatologic cancer among American women and is second only to lung cancer as a cause of cancer-related deaths. An estimated 180,200 new cases of breast cancer among women will be diagnosed in 1997, and 43,900 women will die from the disease.

The incidence of invasive cervical cancer has decreased significantly over the last 40 years, due in large part to early detection efforts. Still, an estimated 14,500 new cases of invasive cervical cancer will be diagnosed in 1997, and 4,800 women will die from the disease. Virtually all of these deaths can be prevented by making these lifesaving screening services available to all women at risk.

The Program

The Breast and Cervical Cancer Mortality Prevention Act of 1990 authorized the CDC to implement a national program to ensure that every woman for whom it is deemed appropriate receives regular screening for breast and cervical cancers, prompt follow-up if necessary, and assurance that the tests are performed in accordance with current recommendations for quality assurance. CDC implements many of these activities through partnerships with state and territorial health agencies, American Indian/Alaska Native organizations, and other national organizations. In Fiscal Year 1997, CDC entered into the seventh year of this landmark national program that brings critical breast and cervical cancer screening services to underserved women, including older women, women with low income, uninsured or underinsured women, or women of racial/ethnic minority groups.

Appropriations of \$140 million in 1997 enable CDC to establish greater access to screening and follow-up services, increased education and outreach programs for women and health care providers, and improved quality assurance measures for mammography and cervical cytology.

Fifty states, five territories, the District of Columbia, and 13 American Indian/Alaska Native organizations now participate in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). CDC provides national program leadership in collaboration with other federal agencies and professional, national, voluntary, and consumer organizations.

The National Breast and Cervical Cancer Early Detection Program

Comprehensive Screening Programs

All 50 States

District of Columbia

Northern Mariana Islands

Republic of Palau

U.S. Virgin Islands

American Indian/Alaska Native organizations

Arctic Slope Native Association, AK

Cherokee Nation, OK

Cheyenne River Sioux Tribe, SD

Eastern Band of Cherokee Indians, NC

Hopi Tribe, AZ

Indian Community Health Service, AZ

Maniilaq Association, AK

Navajo Nation, NM & AZ

Native American Rehabilitation Association of the Northwest, OR

Pleasant Point Passamaquoddy Tribe, ME

Poarch Band of Creek Indians, AL

Southcentral Foundation, AK

South Puget Intertribal Planning Agency, WA

Capacity-Building Programs

American Samoa

Puerto Rico

"This initiative will remove many of the financial barriers women face in getting timely mammograms and Pap tests."

—Donna E. Shalala, Secretary
U.S. Department of Health and Human Services

Screening and Follow-up Services

Why Get Screened?

Breast cancer screening by mammography is the most effective method of detecting breast cancer in its earliest, most treatable stage. Mammography detects cancer an average of 1.7 years before the woman can feel the lump herself and locates cancers too small to be felt during a breast examination. Generally, survival has an inverse relationship with the stage of breast cancer at detection — the more advanced the cancer stage, the lower the survival rate. When breast cancer is diagnosed at a local stage, the 5-year survival rate is 97%. When breast cancer is diagnosed at a distant stage (metastasized), the 5-year survival rate decreases to 20%.

The intended outcome of cervical cancer screening differs from that of breast cancer screening: the primary goal is not to find cancer, but to find precancerous lesions. Detection and treatment of precancerous cervical lesions (dysplasia) identified by Papanicolaou (Pap) screening can actually prevent cervical cancer. Additionally, if cervical cancer is detected while in its earliest *in situ* stage, the likelihood of survival is almost 100 percent with timely and appropriate treatment and follow-up.

Common Barriers to Screening

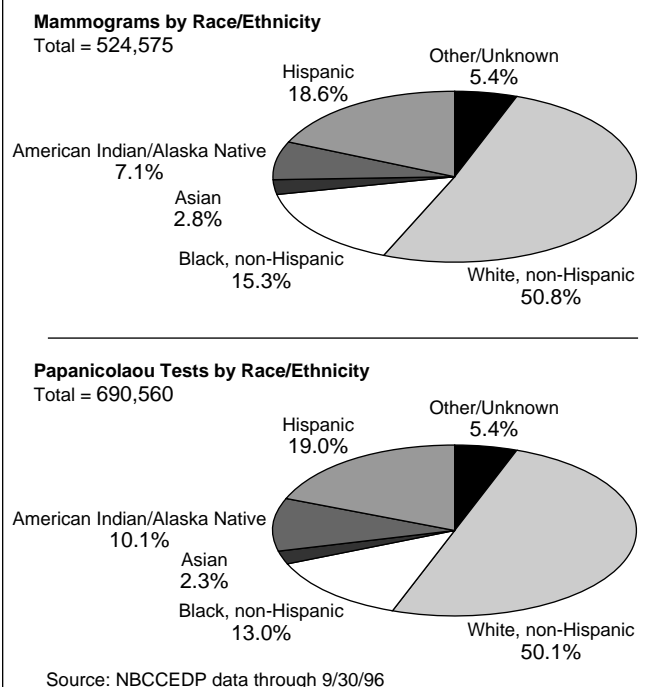
- **Fear.** Women do not want to discover that they have cancer.
- **Cost.** Many women cite cost as the reason they do not use early detection programs. Many are not aware of the availability of low-cost programs.
- **Transportation.** Because many women lack transportation, the location of screening facilities is important.
- **Communication Barriers.** Communication styles and methods are sometimes inappropriate to the needs of the women seeking services.
- **Lack of Physician Referral.** Studies have shown that women are more likely to be screened if their physician recommends screening.
- **Lack of Child Care.** Some women need assistance with arranging child care to be able to use screening.

Treatment

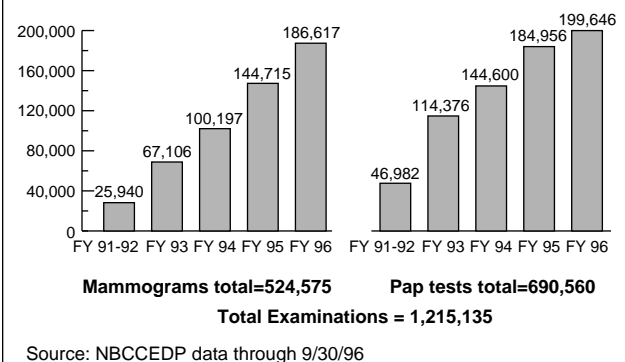
The NBCCEDP legislative mandate does not permit payment for treatment with CDC funds. However, funded programs have shown creativity and determination in identifying and securing treatment services for women diagnosed with breast cancer or cervical abnormalities. These treatment sources reflect the extent of state and local government support, medical provider generosity, and community commitment.

Examples of these resources include county programs for the indigent, state-funded cancer clinics, and in one state, a legislative mandate to use cigarette tax revenue to pay for treatment. The Indian Health Service has funded treatment for many American Indian/Alaska Native organizations. Medical providers and hospitals in communities have also donated treatment services.

Percent Distribution of Mammograms and Papanicolaou Tests Provided to NBCCEDP Participants, by Race/Ethnicity, 1991–1996



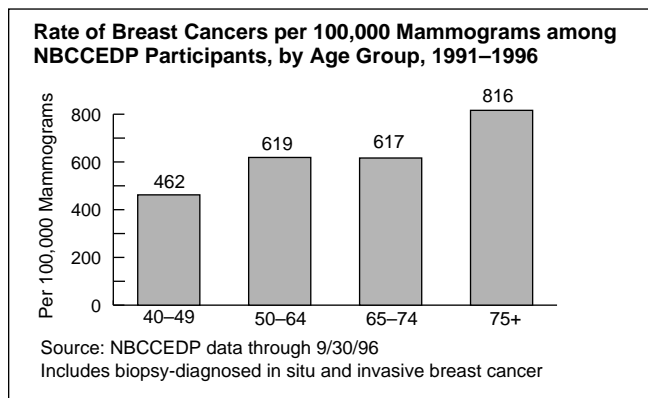
Number of Examinations for Fiscal Years 1991–1996 among NBCCEDP Participants



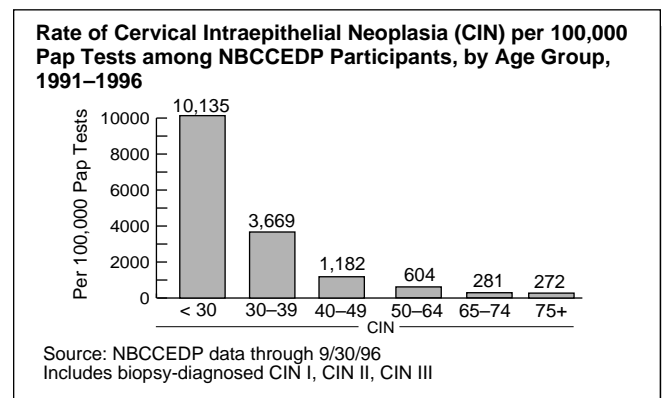
Surveillance

How the Program Has Helped

Through September 1996, more than 1,200,000 screening tests were provided by the program. Of the 506,673 mammograms provided to women aged 40 years and older, 33,218 (6.5 percent) were abnormal, and 2,918 led to a diagnosis of breast cancer. As depicted below, the rates of breast cancer increased with increasing age.



Of the 690,560 Pap tests provided, 27,135 (4 percent) were abnormal. A total of 21,257 cases of cervical intraepithelial neoplasia (CIN) I, II, or III, a precursor of invasive cervical cancer that can be successfully treated, were diagnosed. A total of 258 cases of invasive cervical cancer were diagnosed, a rate of 39 per 100,000. As depicted below, the rates of CIN decreased with increasing age.



Public Education and Outreach

“Comprehensive strategies will be needed to educate and motivate women to seek screening services.”

—Donna E. Shalala, Secretary
U.S. Department of Health and Human Services

Innovative Program Strategies

The program has made significant progress in building state and community partnerships to serve women. Various outreach activities have been designed to educate women and motivate them to be screened.

- In Anchorage, Alaska, the Southcentral Foundation’s Alaska Native Women’s Wellness Project and many other partners collaborate to bring breast and cervical cancer screening and community outreach to medically underserved women. Alaska Native women face many barriers in seeking health care that require the development of culturally specific outreach strategies and educational materials. This partnership reaches out to many organizations that can bring special competencies and skills to provide women with breast health education and screening services. The project is managed by Alaska Natives, who are close to the community and who understand Native ways of communicating and interacting.
- Glendale, California is a multi-ethnic Los Angeles suburb where non-English speaking underserved populations include Eastern Europeans, Asians, and Hispanics. The California Department of Health’s Breast and Cervical Cancer Early Detection Program joined forces with the YWCA of Glendale, the Mission City Clinic, University of California Los Angeles, and numerous community-based organizations to deliver comprehensive screening services. Through these partners’ combined efforts, a high volume of women from a large and diverse community receive high quality breast screening services and education.
- The Nebraska Breast and Cervical Cancer Early Detection Program is concerned about Vietnamese women for whom cervical cancer is the leading cancer site. In Hastings, Nebraska, the program determined that Vietnamese women were not returning for their annual clinic visits because reminders were in English. In July 1996, letters in Vietnamese were mailed to all Vietnamese women aged 18 years and over in Hastings. This letter invited them to attend a program at the YWCA in Vietnamese that provided education about and referrals for screening services. Because Vietnamese women may be more comfortable accessing health care with other women, the women who are scheduled for clinic visits have an interpreter with them and go as a group. These efforts illustrate Nebraska’s commitment to culturally sensitive outreach.

Partnerships and Coalition Development

National Organizations

Since 1992, CDC has awarded funds to national organizations to educate their constituents about breast and cervical cancers, to increase access to breast and cervical cancer screening among underserved women, and to develop strategies for reaching women in collaboration with state and territorial health agencies and American Indian/Alaska Native organizations. These organizations include

- American Association of Retired Persons
- American Federation of Teachers Education Foundation
- American Indian Healthcare Association
- Mayo Foundation, Inc.
- National Caucus and Center on Black Aged, Inc.
- National Center for Farmworker Health, Inc.
- National Coalition of Hispanic Health and Human Service Organizations
- National Education Association
- National Hispanic Council on Aging
- Susan G. Komen Breast Cancer Foundation
- World Education
- YWCA of the U.S.A.

National Center for Farmworker Health, Inc.

The Traveling Lay Health Advisors (TLHA) program was developed to address the need for comprehensive and culturally sensitive early detection of cancer among mostly Hispanic migrant and seasonal farmworkers. TLHAs provide basic education on women's health, referrals to breast and cervical cancer screening sites, tracking and follow-up services, and translation of service information for farmworkers. TLHAs help assure continuity of care, assisting health centers and clinics in arranging follow-up care and referrals and in locating patient medical records. These activities contribute to the mission of the health centers by reaching a greater percentage of the target population while strengthening NBCCEDP efforts to decrease barriers to breast and cervical cancer screening.

National Center for Farmworker Health, Inc. collaborated on developing a community media guide for advocates who are interested in health promotion with a focus on breast and cervical cancers. This step-by-step guide on how to use media channels to reach Hispanic audiences is available in Spanish and English from the National Center for Farmworker Health, Inc.

Other National Collaborations

The ability to implement a national program to control breast and cervical cancers depends largely on the involvement of various partners in state and local governments, physicians, national and private sector organizations, and consumers. CDC relies heavily on these partnerships to build the necessary infrastructure to provide screening services for all women who need them.

YWCA of the U.S.A., the National Alliance of Breast Cancer Organizations (NABCO), and the National Cancer Institute to educate women about breast health and to improve access to early detection services. Avon's Breast Cancer Awareness Crusade has raised more than \$18 million for breast cancer programs nationwide through the sale of its Breast Cancer Awareness pink ribbon products. Avon has funded more than 200 programs through NABCO and YWCA of the U.S.A.

- **American Cancer Society.** The CDC and ACS collaboration combines the resources of national ACS divisions with CDC and its strong ties to the departments of health in every state. ACS assists in developing and delivering CDC-funded programs. ACS divisions serve as partners with state health agencies to increase screening services to medically underserved women. CDC collaborates with ACS staff in all programmatic areas, including establishing early detection programs, provider education efforts, and special demonstration projects.
- **Avon.** In 1993, a unique public-private partnership was established among CDC, Avon Products Inc.,
- **National Breast Cancer Teleconference.** In April 1996, the NBCCEDP, Avon's Breast Cancer Awareness Crusade, the New York State Department of Health, and WQED Pittsburgh, conducted a national teleconference at 650 locations. The teleconference highlighted five case studies, which addressed successful partnerships and proven outreach strategies for reaching low-income, minority and older women. A package is available to help in the implementation of breast health outreach programs in communities. CDC continues to support partnership development as an important component of successful cancer prevention and control efforts.

Quality Assurance

Quality assurance is essential if breast and cervical cancer early detection is to be an effective cancer control tool. CDC has supplied all participating programs with screening guidelines, assisted the Food and Drug Administration (FDA) in conducting quality assurance training programs, teamed with the American College of Radiology to improve and assure the quality of mammography screening, and developed guidelines on the evaluation of common breast problems.

The Mammography Quality Standards Act of 1992

The Mammography Quality Standards Act established a nationwide program to regulate the quality assurance practices in all mammography facilities throughout the United States and authorized FDA to carry out this program. CDC has assisted FDA in formulating a

training program for officials responsible for regulating facilities. CDC's activities in quality assurance have also included the creation of educational programs for appropriate professionals.

Quality Assurance in Cytology

CDC has funded the Association of State and Territorial Public Health Laboratory Program Directors to write recommendations regarding the impact of closing laboratories that are found to provide inferior cytology services. This report is focusing on the responsibilities and roles of the health department in notifying patients and physicians who have received services and diagnostic tests from these facilities. A working group of state laboratory directors and national experts has been convened to study and recommend policies concerning these issues.

Professional Education

The National Training Center for the Prevention and Early Detection of Cancers

CDC's Division of Cancer Prevention and Control has established a National Training Center for the Prevention and Early Detection of Cancer through a contract with R.O.W. Sciences, Inc. This center will provide training programs, educational opportunities, and educational materials for practicing health care

professionals of state and territorial health agencies and tribal organizations. The target audience will include program managers, administrative staff and data managers, health educators, physicians, nurses, radiologists, radiological technologists, cytotechnologists, and outreach workers. Training will be skills-based and will use new and creative approaches, including live, interactive satellite courses.

Other Key Partners

American College of Physicians
American College of Radiology
American Public Health Association
Association of State and Territorial Chronic Disease
Program Directors
Association of State and Territorial Directors of Public
Health Education
Association of State and Territorial Health Officials
Association of Teachers of Preventive Medicine

Food and Drug Administration
Health Care Financing Administration
Health Resources and Services Administration
Indian Health Service
National Alliance of Breast Cancer Organizations
National Association of County Health Officials
National Cancer Institute
National Governors Association
National Medical Association

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